TennCare Companion Guide

271 Eligibility, Coverage or Benefit Information HIPAA/V5010X279A1

Version: 1.0 Final

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Publication:	**10/17/2011**
Trading Partner:	
Notes:	

Introduction/ Purpose:

TennCare Companion Guides (TCCGs) are intended to supplement the ASC X12N Standards for Electronic Data Interchange, Technical Report Type 3 (TR3), for each HIPAA transaction set. The rules for transaction formats/structures and data contents including field values can be found in the TR3 guides. TCCGs provide specific information on the fields and values required for transactions sent to or received from TennCare.

TCCGs are intended to be supplemental to and NOT a replacement for, the standard ASC X12N TR3 guide for each transaction set. Based upon reporting circumstances, certain loops or data elements that are normally situational may become required. Some of these situational loops may not be included within the TCCG for a given transaction; however, requirements within TR3s must be followed when using different loops, segments and data elements. HIPAA required information must be met even if it's not part of the TCCG.

Other than transaction formats and data contents, please refer to TCCGs Front Matter (Version 5010) for Trading Partner arrangements with TennCare.

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Eligibility, Coverage or Benefit Information

Functional Group=HB

Purpose: This X12 Transaction Set contains the format and establishes the data contents of the Eligibility, Coverage or Benefit Information Transaction Set (271) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to communicate information about or changes to eligibility, coverage or benefits from information sources (such as - insurers, sponsors, payors) to information receivers (such as - physicians, hospitals, repair facilities, third party administrators, governmental agencies). This information includes but is not limited to: benefit status, explanation of benefits, coverages, dependent coverage level, effective dates, amounts for co-insurance, co-pays, deductibles, exclusions and limitations.

Not Defined:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
	ISA	Interchange Control Header	M	1			Required
	GS	Functional Group Header	M	1			Required

Heading:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
0100	ST	Transaction Set Header	M	1			Required
0200	BHT	Beginning of Hierarchical Transaction	M	1			Required

Detail:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
LOOP ID - 2000A					>1		
0100	HL	Information Source Level	M	1			Required
0250	AAA	Request Validation	O	9			Situational
LOOP ID - 2100A					1		
0300	NM1	Information Source Name	O	1			Required
0800	PER	Information Source Contact Information	O	3			Situational
0850	AAA	Request Validation	O	9			Situational
LOOP ID - 2000B					>1		
0100	HL	Information Receiver Level	O	1			Situational
LOOP ID - 2100B					1		
0300	NM1	Information Receiver Name	O	1			Required
0400	REF	Information Receiver Additional Identification	O	9			Situational
0600	N3	Information Receiver Address	O	1			Situational
0700	N4	Information Receiver City, State, ZIP Code	O	1			Situational
0850	AAA	Information Receiver Request Validation	O	9			Situational
0900	PRV	Information Receiver Provider Information	O	1			Situational
LOOP ID - 2000C					>1		
0100	HL	Subscriber Level	O	1			Situational
0200	TRN	Subscriber Trace Number	O	3		N2/0200	Situational
LOOP ID - 2100C					1		
0300	NM1	Subscriber Name	O	1			Required
0400	REF	Subscriber Additional Identification	O	9			Situational
0600	N3	Subscriber Address	O	1			Situational

0700	N4	Subscriber City, State, ZIP Code	O	1		Situational
0850	AAA	Subscriber Request Validation	O	9		Situational
0900	PRV	Provider Information	O	1		Situational
1000	DMG	Subscriber Demographic Information	O	1		Situational
1100	INS	Subscriber Relationship	O	1		Situational
1150	HI	Subscriber Health Care Diagnosis Code	O	1		Situational
1200	DTP	Subscriber Date	O	9		Situational
1275	MPI	Subscriber Military Personnel Information	O	1		Situational
LOOP ID - 2110C				**>1**		
1300	EB	Subscriber Eligibility or Benefit Information	O	1		Situational
1350	HSD	Health Care Services Delivery	O	9		Situational
1400	REF	Subscriber Additional Identification	O	9		Situational
1500	DTP	Subscriber Eligibility/Benefit Date	O	20		Situational
1600	AAA	Subscriber Request Validation	O	9		Situational
2500	MSG	Message Text	O	10		Situational
LOOP ID - 2115C				**10**		
2600	III	Subscriber Eligibility or Benefit Additional Information	O	1		Situational
LOOP ID - LS				**1**		
3300	LS	Loop Header	O	1		Situational
LOOP ID - 2120C				**23**		
3400	NM1	Subscriber Benefit Related Entity Name	O	1		Situational
3600	N3	Subscriber Benefit Related Entity Address	O	1		Situational
3700	N4	Subscriber Benefit Related Entity City, State, ZIP Code	O	1		Situational
3800	PER	Subscriber Benefit Related Entity Contact Information	O	3		Situational
3900	PRV	Subscriber Benefit Related Provider Information	O	1		Situational
4000	LE	Loop Trailer	M	1		Situational
LOOP ID - 2000D				**>1**		
0100	HL	Dependent Level	O	1		Situational
0200	TRN	Dependent Trace Number	O	3	N2/0200	Situational
LOOP ID - 2100D				**1**		
0300	NM1	Dependent Name	O	1		Required
0400	REF	Dependent Additional Identification	O	9		Situational
0600	N3	Dependent Address	O	1		Situational
0700	N4	Dependent City, State, ZIP Code	O	1		Situational
0850	AAA	Dependent Request Validation	O	9		Situational
0900	PRV	Provider Information	O	1		Situational
1000	DMG	Dependent Demographic Information	O	1		Situational
1100	INS	Dependent Relationship	O	1		Situational

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
1150	HI	Dependent Health Care Diagnosis Code	O	1			Situational
1200	DTP	Dependent Date	O	9			Situational
1275	MPI	Dependent Military Personnel Information	O	1			Situational
LOOP ID - 2110D					**>1**		
1300	EB	Dependent Eligibility or Benefit Information	O	1			Situational
1350	HSD	Health Care Services Delivery	O	9			Situational
1400	REF	Dependent Additional Identification	O	9			Situational
1500	DTP	Dependent Eligibility/Benefit Date	O	20			Situational
1600	AAA	Dependent Request Validation	O	9			Situational
2500	MSG	Message Text	O	10			Situational
LOOP ID - 2115D					**10**		
2600	III	Dependent Eligibility or Benefit Additional Information	O	1			Situational
LOOP ID - LS					**1**		
3300	LS	Loop Header	O	1			Situational
LOOP ID - 2120D					**23**		
3400	NM1	Dependent Benefit Related Entity Name	O	1			Situational
3600	N3	Dependent Benefit Related Entity Address	O	1			Situational
3700	N4	Dependent Benefit Related Entity City, State, ZIP Code	O	1			Situational
3800	PER	Dependent Benefit Related Entity Contact Information	O	3			Situational
3900	PRV	Dependent Benefit Related Provider Information	O	1			Situational
4000	LE	Loop Trailer	M	1			Situational
4100	SE	Transaction Set Trailer	M	1			Required

Not Defined:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
	GE	Functional Group Trailer	M	1			Required
	IEA	Interchange Control Trailer	M	1			Required

Notes:

2/0200   If the Eligibility, Coverage or Benefit Inquiry Transaction Set (270) includes a TRN segment, then the Eligibility, Coverage or Benefit Information Transaction Set (271) must return the trace number identified in the TRN segment.

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ISA   Interchange Control Header

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	**Elements: 16**

User Option (Usage): Required
Purpose: To start and identify an interchange of zero or more functional groups and interchange-related control segments

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ISA01	I01	**Authorization Information Qualifier**	M	ID	2/2	Required
		Description: Code identifying the type of information in the Authorization Information **TennCare Notes:** *Preferred Value '00'*				
ISA03	I03	**Security Information Qualifier**	M	ID	2/2	Required
		Description: Code identifying the type of information in the Security Information **TennCare Notes:** *Preferred Value '00'*				
ISA05	I05	**Interchange ID Qualifier**	M	ID	2/2	Required
		Description: Code indicating the system/method of code structure used to designate the sender or receiver ID element being qualified **TennCare Notes:** *Preferred Value 'ZZ'*				
ISA06	I06	**Interchange Sender ID**	M	AN	15/15	Required
		Description: Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element **TennCare Notes:** *TennCare's ID for Outbound Transactions - '626001445TC'*				
ISA08	I07	**Interchange Receiver ID**	M	AN	15/15	Required
		Description: Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them **TennCare Notes:** *Sender Trading Partner ID for Outbound Transactions Same as 270 ISA06 value.*				
ISA09	I08	**Interchange Date**	M	DT	6/6	Required
		Description: Date of the interchange **TennCare Notes:** *Date when the file/batch was created by TennCare.*				

HL Information Source Level

Pos: 0100		**Max: 1**
	Detail - Mandatory	
Loop: 2000A		**Elements: 3**

User Option (Usage): Required
Purpose: To identify dependencies among and the content of hierarchically related groups of data segments

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
HL01	628	**Hierarchical ID Number**	M	AN	1/12	Required

Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure
TennCare Notes: *Starts with 1 and increments by 1 for each successive Hl segment*

DTP   Subscriber Date

Pos: 1200	**Max: 9**
Detail - Optional	
Loop: 2100C	**Elements: 3**

User Option (Usage): Situational
Purpose: To specify any or all of a date, a time, or a time period

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP01	374	**Date/Time Qualifier**	M	ID	3/3	Required

                       Description: Code specifying type of date or time, or both date and time
                       TennCare Notes: *'442' = date of death*

EB Subscriber Eligibility or Benefit Information

Pos: 1300   **Max: 1**
Detail - Optional
Loop: 2110C   **Elements: 14**

User Option (Usage): Situational
Purpose: To supply eligibility or benefit information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
EB01	1390	**Eligibility or Benefit Information Code**	M	ID	1/2	Required

Description: Code identifying eligibility or benefit information

TennCare Notes:
(LOOP 2 - MEDICARE PART A) Value 1 indicates 'active'. This value is set only if Medicare PartA Indicator = 'MA'.
(LOOP 3 - MEDICARE PART B) Value 1 indicates 'active'. T his value is set only if Medicare PartB Indicator = 'MB'.
(LOOP 4 - ELIGIBILITY -- LONG TERM CARE) Value '1' indicates active
(LOOP 5 - ELIGIBILITY -- BHO) Value '1' indicates active, value '6' indicates 'inactive, not eligible'.
(LOOP 6 - ELIGIBILITY -- HMO) Value '1' indicates active, value '6' indicates 'inactive, not eligible'.
(LOOP 8 - LOCKIN) This value is set only if lockinServiceTypeCode is not blank. Value 'N' indicates 'services limited to following provider'.
(LOOP 9 - CHOICES Benefit Plan) Value 'D' indicates 'Benefit Description'.
(LOOP 10 - CHOICES PATIENT LIABILITY) Value 'C' indicates 'Deductible
(LOOP 11 - THIRD PARTY LIABILITY) This value is set only if TPL Coverage Type Description is not blank. Value 'R' indicates 'other or additional payer'.

Ref	Id	Element Name	Req	Type	Min/Max	Usage
EB02	1207	**Coverage Level Code**	O	ID	3/3	Situational

Description: Code indicating the level of coverage being provided for this insured

TennCare Notes:
(LOOP 2 - MEDICARE PART A) Value is set only if Medicare PartA Indicator = 'MA'.
(LOOP 3 - MEDICARE PART B) Value is set only if Medicare PartB Indicator = 'MB'. 'IND' represents 'individual'.
(LOOP 4 - ELIGIBILITY -- LONG TERM CARE) This value is set only if eligBenefitPlanDescription is Long Term Care. Value 'IND' indicates 'individual'.
(LOOP 5 - ELIGIBILITY -- BHO) This value is set only if eligibilityIndicator is not blank. Value 'IND' indicates 'individual'.
(LOOP 6 - ELIGIBILITY -- HMO) This value

			is set only if eligibilityIndicator is not blank. Value 'IND' indicates 'individual'. *(LOOP 8 - LOCKIN) This value is set only if lockinServiceTypeCode is not blank. Value 'IND' indicates 'individual'.* *(LOOP 9 - CHOICES Benefit Plan) Value 'IND' indicates 'Individual'.* *(LOOP 10 - CHOICES PATIENT LIABILITY) Value 'IND' indicates 'Individual'.*				
EB03	1365	**Service Type Code**		O	ID	1/2	Situational
		Description: Code identifying the classification of service					
		TennCare Notes: *(LOOP 2 - MEDICARE PART A) Value is set only if MedicarePartAIndicator = 'MA'. 'Value 30' indicates 'health benefit plan coverage'.* *(LOOP 3 - MEDICARE PART B) Value is set only if Medicare PartB Indicator = 'MB'. Value '30' indicates 'health benefit plan coverage'.* *(LOOP 4 - ELIGIBILITY -- LONG TERM CARE) Value '54' indicates 'LONG TERM CARE'.* *(LOOP 5 - ELIGIBILITY -- BHO) This value is set only if eligibilityIndicator is not blank. Value '30' indicates 'health benefit plan coverage'.* *(LOOP 6 - ELIGIBILITY -- HMO) This value is set only if eligibilityIndicator is not blank. Value '30' indicates 'health benefit plan coverage'.* *(LOOP 9 - CHOICES Benefit Plan) Value '60' indicates 'General Benefits'.* *(LOOP 10 - CHOICES PATIENT LIABILITY) Value '60' indicates 'General Benefits'.* *(LOOP 11 - THIRD PARTY LIABILITY) This value is set only if TPLCoverage TypeDescription is not blank.Value '30' indicates 'health benefit plan coverage'.*					
EB04	1336	**Insurance Type Code**		O	ID	1/3	Situational
		Description: Code identifying the type of insurance policy within a specific insurance program					
		TennCare Notes: *(LOOP 2 - MEDICARE PART A) Value 'MA' indicates 'Medicare Part A'* *(LOOP 3 - MEDICARE PART B) Value 'MB' indicates 'Medicare Part B'* *(LOOP 4 - ELIGIBILITY -- LONG TERM CARE) Value 'LC' indicates 'Long Term Care'* *(LOOP 5 - ELIGIBILITY -- BHO) Value 'OT' indicates 'Other'.* *(LOOP 6 - ELIGIBILITY -- HMO) Value HM' indicates 'health maintenace organization'.* *(LOOP 7 - MANAGED CARE) Value 'MC' indicates 'Managed Care'* *(LOOP 10 - CHOICES PATIENT LIABILITY) Value 'OT' indicates 'Other'.*					
EB05	1204	**Plan Coverage Description**		O	AN	1/50	Situational

Description: A description or number that identifies the plan or coverage

TennCare Notes:

(LOOP 1 - COPAY) Four co-pay codes are used. '00' - no co-pays for any service. ' 01' - $3 co-pay for brand name drugs only. '02' - 1st tier (lower $5 - $100) co-pays for prescriptions, primary care, specialist care, 'ER' and hospital stay. '10' - 2nd tier (higher $10 - $200) co-pays for prescriptions, primary care, specialist care, 'ER' and hospital stay Currently, '02' and '10' are only used for the TennCare Standard population. The specific co-pay amounts for '02' and '10' are detailed in TennCare rules
(LOOP 2 - MEDICARE PART A) Value is set only if Medicare PartA Indicator = 'MA'.
(LOOP 3 - MEDICARE PART B) Value is set only if Medicare PartB Indicator = 'MB'.
(LOOP 6 - ELIGIBILITY -- HMO) Only set when eligibility indicator is 1. eligProgramCode + eligBenefitPlanDescription
(LOOP 7 - MANAGED CARE) last 3 bytes of mcc# + mcc name
(LOOP 8 - LOCKIN) This value set if lockinServiceTypeCode is not blank.
(LOOP 9 - CHOICES Benefit Plan) CHOICES plan plus a benefit description for CHOICES members only
(LOOP 10 - CHOICES PATIENT LIABILITY) Patient Liability amount for CHOICES members only

EB06	615	**Time Period Qualifier**	O	ID	1/2	Situational

Description: Code defining periods
TennCare Notes: *(LOOP 10 - CHOICES PATIENT LIABILITY)   Value '34' indicates 'Monthly'*

EB07	782	**Monetary Amount**	O	R	1/18	Situational

Description: Monetary amount
TennCare Notes: *(LOOP 10 - CHOICES PATIENT LIABILITY)   CHOICES monthly patient liability amount for CHOICES members only*

REF   Subscriber Additional Identification

Pos: 1400   Max: 9
Detail - Optional
Loop: 2110C   Elements: 3

User Option (Usage): Situational
Purpose: To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier**	M	ID	2/3	Required

Description: Code qualifying the Reference Identification

TennCare Notes: *(LOOP 11 - THIRD PARTY LIABILITY) This value is set only if TPLPolicyNumber is not blank. Value 'IG' indicates 'insurance policy number'. (First Segment Repetition)*

REF02	127	**Reference Identification**	X	AN	1/50	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

TennCare Notes: *(Loop 11 - THIRD PARTY LIABILITY) This value is set only if groupPolicyNumber is not blank.Value '6P' indicates 'group number'. (Second Segment Repetition)*

REF03	352	**Description**	X	AN	1/80	Situational

Description: A free-form description to clarify the related data elements and their content

TennCare Notes: *(Loop 11 - THIRD PARTY LIABILITY) Format: first + middleInitial + last or organization name (First Segment Repetition)*

DTP   Subscriber Eligibility/Benefit Date

Pos: 1500   Max: 20
Detail - Optional
Loop: 2110C   Elements: 3

User Option (Usage): Situational
Purpose: To specify any or all of a date, a time, or a time period

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP01	374	**Date/Time Qualifier**	M	ID	3/3	Required

Description: Code specifying type of date or time, or both date and time

TennCare Notes:
(Loop 2 - MEDICARE PART A) This segment is only sent if Medicare PartA Indicator = 'MA'. This value is set only if Medicare PartA Begin Date > 0. Value '307' indicates eligibility date.
(Loop 3 - MEDICARE PART B) This segment is only sent if Medicare PartB Indicator = 'MB'. This value is set only if Medicare PartB Begin Date > 0. Value '307' indicates eligibility date.
(Loop 4 - ELIGIBILITY -- LONG TERM CARE) This value is set only if eligBeginDate > 0. Value '307' indicates 'eligibility'.
(Loop 5 - ELIGIBILITY -- BHO) This value is set only if eligBeginDate > 0.Value '307' indicates 'eligibility'.
(Loop 6 - ELIGIBILITY -- HMO)   This value is set only if eligBeginDate > 0.Value '307' indicates 'eligibility'.
(Loop 8 - LOCKIN) This value is set only if lockinBeginDate > 0. Value '307' indicates 'eligibility'.
(Loop 9 - CHOICES Benefit Plan) Value '435' indicates plan admission date.

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP02	1250	**Date Time Period Format Qualifier**	M	ID	2/3	Required

Description: Code indicating the date format, time format, or date and time format

TennCare Notes:
(Loop 2 - MEDICARE PART A) This segment is only sent if Medicare PartA Indicator = 'MA'. This value is set only if Medicare PartA Begin Date > 0.
(Loop 3 - MEDICARE PART B) This segment is only sent if Medicare PartB Indicator = 'MB'. This value is set only if Medicare PartB BeginDate > 0.
(Loop 4 - ELIGIBILITY -- LONG TERM CARE) This value is set only if eligBeginDate > 0.
(Loop 5 - ELIGIBILITY -- BHO) This value is set only if eligBeginDate > 0.
(Loop 6 - ELIGIBILITY -- HMO)   This value is set only if eligBeginDate > 0.
(Loop 8 - LOCKIN)   This value is set only if lockinBeginDate > 0.
(Loop 11 - THIRD PARTY LIABILITY)   This value set only if TPLBeginDate string length > 0. Value '290' indicates 'coordination of

benefits'.

DTP03	1251	**Date Time Period**	M	AN	1/35	Required

Description: Expression of a date, a time, or range of dates, times or dates and times

TennCare Notes:
(Loop 2 - MEDICARE PART A) This segment is only sent if Medicare PartA Indicator = 'MA'.
(Loop 3 - MEDICARE PART B) Value is set only if MedicarePartBIndicator = 'MB'. The two dates are in MM/DD/CCYY format, and must be rearranged by translation map to meet RD8 format requirement. Open ended date is 2050
(Loop 5 - ELIGIBILITY -- BHO) Dates are in MM/DD/CCYY format, and must be rearranged by translation map to meet RD8 format requirement.
(Loop 6 - ELIGIBILITY -- HMO) Dates are in MM/DD/CCYY format, and must be rearranged by translation map to meet RD8 format requirement.
(Loop 8 - LOCKIN)   This value is set only if lockinBeginDate > 0.
(Loop 9 - CHOICES Benefit Plan)   Admission date to CHOICES plan. Start date to end date
(Loop 10 - CHOICES PATIENT LIABILITY) Start date to end date
(Loop 11 - THIRD PARTY LIABILITY)   This value set only if TPLBeginDate string length > 0.

LS Loop Header

Pos: 3300	Max: 1
Detail - Optional	
Loop: LS	**Elements: 1**

User Option (Usage): Situational
Purpose: To indicate that the next segment begins a loop

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
LS01	447	**Loop Identifier Code**	M	AN	1/4	Required

Description: The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE

TennCare Notes:
(Loop 8 - LOCKIN) This value set if lockinProviderLastName string length > 1. (Loop 11 - THIRD PARTY LIABILITY) This value set only if TPLBeginDate string length > 0.

NM1 Subscriber Benefit Related Entity Name

Pos: 3400   Max: 1
Detail - Optional
Loop: 2120C   Elements: 9

User Option (Usage): Situational
Purpose: To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required

Description: Code identifying an organizational entity, a physical location, property or an individual
TennCare Notes:
(LOOP 8 - LOCKIN)   This value is set only if lockinProviderNameType is not blank.
(LOOP 11 - THIRD PARTY LIABILITY) This value set only if string length of TPLCarrierName > 1.

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM102	1065	**Entity Type Qualifier**	M	ID	1/1	Required

Description: Code qualifying the type of entity
TennCare Notes: *(Loop 11 - THIRD PARTY LIABILITY) This value set only if TPLCarrierName is not blank.Value 'PRP' indicates 'primary payer'.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM104	1036	**Name First**	O	AN	1/35	Situational

Description: Individual first name
TennCare Notes: *(Loop 8 - LOCKIN)   will be blank if lockin provider is not a person entity (ie NM102 = '2') (Loop 11 - THIRD PARTY LIABILITY) will be blank if lockin provider is not a person entity (ie NM102 = '2')*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM108	66	**Identification Code Qualifier**	X	ID	1/2	Situational

Description: Code designating the system/method of code structure used for Identification Code (67)
TennCare Notes:
(Loop 8 - LOCKIN)   This value is set only if lockinProviderNumber is not blank.
(Loop 11 - THIRD PARTY LIABILITY) This value set only if TPLCarrierName is not blank. 'PI' indicates 'payer identification'.

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM109	67	**Identification Code**	X	AN	2/80	Situational

Description: Code identifying a party or other code
TennCare Notes: *(Loop 11 - THIRD PARTY LIABILITY) This value only set when TPLCarrierCode is not blank.'PI' indicates 'payer identification'.*

PER Subscriber Benefit Related Entity Contact Information

<div style="border:1px solid black">

Pos: 3800   Max: 3
Detail - Optional
Loop: 2120C   Elements: 8

</div>

User Option (Usage): Situational
Purpose: To identify a person or office to whom administrative communications should be directed

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PER01	366	**Contact Function Code**	M	ID	2/2	Required

Description: Code identifying the major duty or responsibility of the person or group named
TennCare Notes: *(LOOP 8 - LOCKIN) This value is set only if lockinProviderNumber is not blank.*

Code	Name
IC	Information Contact

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PER03	365	**Communication Number Qualifier**	X	ID	2/2	Situational

Description: Code identifying the type of communication number
TennCare Notes: *(LOOP 8 - LOCKIN) This value is set only if lockinProviderNumber is not blank.*

LE   Loop Trailer

Pos: 4000	**Max: 1**
Detail - Mandatory	
Loop: LS	**Elements: 1**

User Option (Usage): Situational
Purpose: To indicate that the loop immediately preceding this segment is complete

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
LE01	447	**Loop Identifier Code**	M	AN	1/4	Required

Description: The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE
TennCare Notes: *(LOOP 8 - LOCKIN)*
Translation map sets value to same as LS01.